

ASSEMBLY BILL

No. 1307

Introduced by Assembly Member Berg

February 22, 2005

An act to amend Section 9250 of the Welfare and Institutions Code, relating to long-term care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1307, as introduced, Berg. Long-term care.

Existing law, the Mello-Granlund Older Californians Act, prescribes programs and services for the benefit of the state's older population and other populations served by the programs administered by the California Department of Aging. The act includes provisions calling for improved coordination and delivery of long-term care services.

This bill would make technical, nonsubstantive changes to the provisions of the act relating to the coordination and delivery of long-term care services.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 9250 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 9250. (a) The Legislature finds and declares all of the
- 4 following:
- 5 (1) Our delivery of long-term care needs to be vastly improved
- 6 in order to coordinate services that are appropriate to each
- 7 individual's functional needs and financial situation. Care
- 8 services should be holistic and address the needs of the entire

1 person, including the person's mental, physical, social, and
2 emotional needs.

3 (2) The coming age wave will bankrupt California if we
4 maintain the current uncoordinated system of long-term care.

5 (3) The new generation of aging Californians will desire,
6 expect, and demand a much more responsive, coherent, and
7 human-dignified system of care services.

8 (4) Multiple funding streams and varied eligibility criteria
9 have created "silos" of services, making it difficult for consumers
10 to move with ease from one service or program to another.

11 (5) Separate funding streams and uncoordinated services for
12 older adults and adults with disabilities have created barriers in
13 services for these populations. Adults with disabilities often
14 receive long-term care services designed to support and protect
15 the institutionalized older population. Instead, services need to be
16 individualized to empower older adults and persons with
17 disabilities to live in the community.

18 (6) Historically, two delivery systems, referred to as the
19 medical model and the social model of care, have evolved with
20 little or no coordination between the two.

21 (7) A high percentage of consumers enter the long-term care
22 system after a hospitalization. Assistance and support following
23 hospitalization would reduce the number of nursing home
24 placements.

25 (8) The Legislature affirms the notion that individuals should
26 be able to receive care in the least restrictive environment.

27 (9) Skilled nursing facilities account for 5 percent of the
28 long-term care caseload and 52 percent of the long-term care
29 expenditures. Home and community-based services account for
30 78 percent of the long-term care caseload, and 13 percent of
31 long-term care expenditures. It is, therefore, more cost-effective
32 to connect consumers with services in the community than to
33 continue to place individuals in institutions.

34 (10) A number of counties and programs have developed and
35 implemented innovative Internet-based information systems.
36 Some of these systems are designed to help consumers access
37 information regarding long-term care services, and others are
38 designed to help providers track client information.

39 (11) The California Health and Human Services Agency is
40 developing the "CalCareNet" Web site, which is designed to help

1 the consumer find state-licensed providers of health services,
2 social services, mental health services, alcohol and other drug
3 services, and disability services, and also to find state-licensed
4 care facilities.

5 (b) It the intent of the Legislature to enact legislation to do all
6 of the following:

7 (1) Ensure that each consumer is able to connect with the
8 appropriate services necessary to meet individual needs.

9 (2) Better coordinate long-term care delivery, recognizing the
10 elements that are already in place, and expand the availability of
11 long-term care.

12 (3) Deliver long-term care services in the most cost-effective
13 manner.

14 (4) Access multiple public and private funding streams,
15 without supplanting existing funding for programs and services.